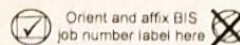




Scan Code

1 Reason For Filing *Required for all applications*2 | Location Information *Required for all applications.*

House No(s) 11-17

Street Name 47TH ROAD

Borough QUEENS

Block 57

Lot 14

BIN 4000491

C.B. No. 402

Yes No

Yes NoYes No

☐ ☒ General Construction (OT)

☐ Partial Demolition

☐ Non-Structural Demolition

☐ Structural Work

☐ Interior Renovation

☐ Exterior Renovation

☐ (Describe)

12/14

4 Design Applicant Information

Last Name **SHEYKMAN** First Name **IRENE** Middle Initial _____
 Business Name **CONCORD CONSULTING** Business Phone **973-534-6731** Business Fax _____
 Business Address **28 CONCORD DRIVE** Mobile Phone _____
 City **LIVINGSTON** State **NJ** Zip **07093** E-Mail **irene@concordconsulting**
 License Number **079743** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **KWON** First Name **JIM** Middle Initial _____
 Business Name **CHAFIA CAPITAL PARTNER** Business Phone **201- 535- 9964** Business Fax **201- 443- 8810**
 Business Address **56 NEW HOOK ROAD, SUITE 2F** Mobile Phone _____
 City **BAYONNE** State **NJ** Zip **07002** E-Mail **jim@chafiallc.com**

6 Design Applicant's Statements and Signatures

I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and punishable by a fine, imprisonment, or both. I also understand it is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (print)

IRENE SHEYKMAN

Signature

Date

P.E. / R.A. Seal (apply seal, then sign and date over seal)

7 Owner's/Lease Holder's Statements and Signatures *Notary only required when submitting to obtain sign-off.*

I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and punishable by a fine or imprisonment, or both. I also understand it is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (print)

JIM KWON

Signature

Date

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

5TH day of June 20 20

Notary Public Signature

Notary Seal

Sung H Kim
 NOTARY PUBLIC
 STATE OF NEW JERSEY
 ID # 50116342
 MY COMMISSION EXPIRES November 14, 2024

Internal Use Only

Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed		
C of O:	☐ Accept Original ☐ Revised Cost Needed		
Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)		